

Exhibit A

State-Court Documents

IN THE CIRCUIT COURT OF CLAY COUNTY, MISSISSIPPI

NITA MICHELLE CHANDLER

PLAINTIFF

VS.

NO. 2019-0225H

THE HARTFORD

DEFENDANT

SUMMONS

THE STATE OF MISSISSIPPI

TO: THE HARTFORD
POST OFFICE BOX 14306
LEXINGTON, KY 40512-4306

NOTICE OF DEFENDANT

The Complaint which is attached to this summons is important and you must take immediate action to protect your rights.

You are required to mail or hand deliver a copy of a written response to the Complaint to Jim Waide, WAIDE & ASSOCIATES, P.A., the attorney for the Plaintiff(s), whose address is P.O. Box 1357, 332 N. Spring Street, Tupelo, Mississippi 38802. Your response must be mailed or delivered within 30 days from the date of delivery of this summons and Complaint or a judgment by default will be entered against you for the money or other things demanded in the Complaint.

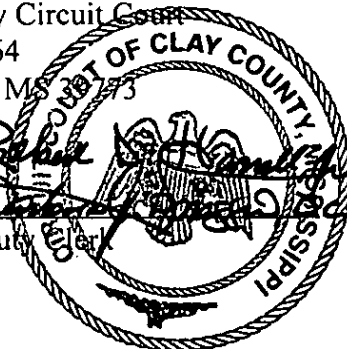
You must also file the original of your response with the Clerk of this Court within a reasonable time afterward.

Issued under my hand and seal of said Court this the 20th day of September, 2019.

Clerk of the Court
Clay County Circuit Court
P.O. Box 364
West Point, MS 39073

BY:

Deputy Clerk



PROOF OF SERVICE -SUMMONS

(PROCESS SERVER)

 Name of person or entity to be served

I, the undersigned process server, served the summons and Complaint upon the person or entity named above in the manner set forth below (process server must check proper space and provide all additional information that is requested and pertinent to the mode of service used):

_____ **First class mail and acknowledgment service.** By mailing (by first class mail, postage prepaid), on the date stated in the NOTICE, copies to the person served, together with copies of the form of notice and acknowledgment and return envelope, postage prepaid, addressed to the sender (attach completed acknowledgment of receipt pursuant to MRCP Form 1B)

_____ **Personal Service.** I personally delivered copies to _____ on the ____ day of _____, 2019, where I found said person in _____ County of the State of Mississippi.

_____ **Residence Service.** After exercising reasonable diligence, I was unable to deliver copies to said person within _____ County, Mississippi. I served the summons and the Complaint on the ____ day of _____, 2019 at the usual place of abode of said person by leaving a true copy of the summons and Complaint with _____ who is the _____, a member of the family of the person served at his or her usual place of abode where the copies were left.

_____ **Certified Mail Service.** By mailing to an address outside Mississippi (by first class, postage prepaid, requiring a return receipt) copies to the person served (attach a signed return receipt or other evidence of actual delivery to the person served.)

At the time of service I was at least 18 years of age and not a party to this action.

Fee for service: \$ _____

201910102000231

Process Server must list below:

Name: _____

Address: _____

Telephone: _____

SSN: _____

STATE OF MISSISSIPPI

COUNTY OF _____

Personally appeared before me the undersigned authority in and for said county and state aforesaid, the within named _____, who being first by me duly sworn states on her oath that the matters and facts set forth in the foregoing "Proof of Service -Summons" are true and correct as therein stated.

SIGNATURE OF PROCESS SERVER

SWORN TO AND SUBSCRIBED before me on this the ____ day of _____, 2019.

NOTARY PUBLIC

(SEAL)

My Commission Expires:

IN THE CIRCUIT COURT OF CLAY COUNTY, MISSISSIPPI

NITA MICHELLE CHANDLER

PLAINTIFF

VERSUS

CAUSE NO. 2019-0225H

THE HARTFORD

DEFENDANT

COMPLAINT

This is an action to recover benefits due under a long-term disability claim. The following facts support this action:

1.

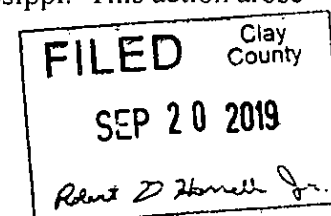
Plaintiff NITA MICHELLE CHANDLER is an adult resident citizen of 360 Lone Oak Park, West Point, Mississippi 39773. Plaintiff is the beneficiary of an Employment Retirement Income Security Act ("ERISA") plan regulated by the United States.

2.

Defendant THE HARTFORD is an foreign insurance company engaged in providing short-term and long-term disability benefits to qualified employees. Defendant may be served with process by certified mail/return receipt requested at through The Hartford, Post Office Box 14306, Lexington, Kentucky 40512-4306.

3.

Defendant is in the business of providing short and long-term disability benefits to qualified employers, such as Plaintiff's employer, Paccar Inc., in West Point, Mississippi. This action arose in Clay County, Mississippi.



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4.

This Court has equitable jurisdiction to enforce the provisions of the plan under ERISA.

5.

Due to a severe neck injury, Plaintiff became unable to work beginning on approximately April 2017.

6.

Defendant paid for Plaintiff's short-term disability benefits due under the ERISA plan, and, for a time, paid her long-term disability benefits. Plaintiff has exhausted her administrative remedies.

7.

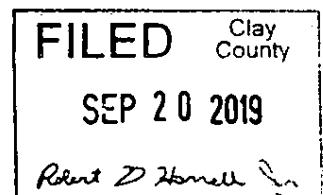
Defendant has ceased making the payments, even though Plaintiff meets the qualifications of being not gainfully employed, and being continuously unable to engage in any occupation for which she is qualified.

8.

The Social Security Administration ("SSA") defines disability in a manner quite similar to the manner in which Defendant's policy defines it. The SSA has determined that Plaintiff is disabled within the meaning of that Act.

9.

Despite the determination of the SSA that Plaintiff is disabled for purposes of the Social Security Act, despite the determination of Plaintiff's regular physician that Plaintiff is unable to work, and despite physician restrictions on Plaintiff's abilities to engage in even sedentary work, Defendant arbitrarily refuses to pay benefits due under the ERISA plan.



10.

Plaintiff, therefore, requests the Court enter judgment for the benefits past due under the plan, and enter an injunction direction that Paccar Inc. pay all future benefits until relieved by a court order from doing so.

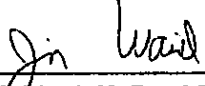
REQUEST FOR RELIEF

Plaintiff requests judgment for past due benefits and for an injunction prohibiting Defendant from ceasing future payment of benefits. Plaintiff also requests reasonable attorneys' fees.

RESPECTFULLY SUBMITTED, this the 18th day of September, 2019.

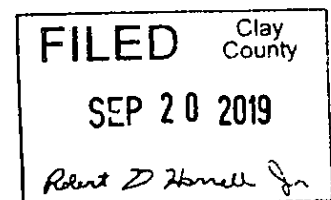
NITA MICHELLE CHANDLER, Plaintiff

By:



Jim Waide, MS Bar No. 6857
waide@waidelaw.com
WAIDE & ASSOCIATES, P.A.
332 North Spring Street
Tupelo, MS 38804-3955
Post Office Box 1357
Tupelo, MS 38802-1357
(662) 842-7324 / Telephone
(662) 842-8056 / Facsimile

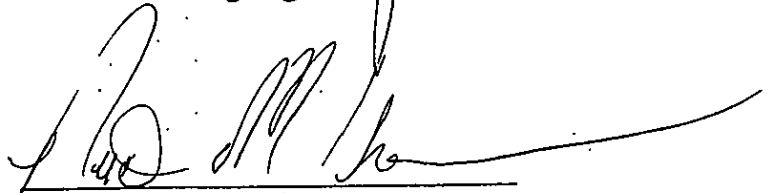
ATTORNEYS FOR PLAINTIFF



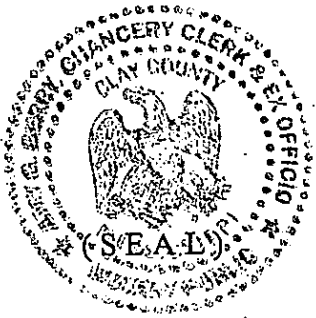
STATE OF MISSISSIPPI

COUNTY OF Clay

PERSONALLY came and appeared before me, the undersigned authority in and for the aforesaid jurisdiction, the within named NITA MICHELLE CHANDLER, who, after being first duly sworn, states under oath that the facts contained in the above and foregoing COMPLAINT are true and correct as stated therein.


NITA MICHELLE CHANDLER

GIVEN under my hand and official seal of office on this the 9th day of September, ²⁰¹⁹ ~~2018~~.



Amy G. Berry Chancery Clerk
Bj. Anne D., D.C.
NOTARY PUBLIC

My Commission Expires:

My Commission Expires January 6, 2020

